

# Request for Lab Services (330RE)

- ➡ ☐ Submit **30 days** in advance of kit pick-up or shipment date
- ➡ ☐ Note all **special handling** circumstances
- ➡ ☐ Be as **detailed** as possible
- ➡ ☐ **ASK QUESTIONS!!!!**

**REQUEST FOR LABORATORY SERVICES**  
See CHRRM 115214 for instructions on completing this form

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**ART I: PROJECT INFORMATION**

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PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION      \*DATA FIELD = required input

1. DATE OF REQUEST: 2/2/2004 2:56:17 PM

2. PROGRAM NUMBER: 05      3. \*JONO: 9999      4. \*SUBJONO: 0000

5. \*PROJECT OFFICER: Test AME      6. \*TELEPHONE: 410-436-5050

7. \*Was this project coordinated with DLS? ☒ YES ☐ NO      8. DLS TECHNICAL CONSULTANT: Fred Belkin

9. \*FUND SOURCE: ☒ P&H ☐ CONTINGENCY ☐ OTHER REIMBURSABLE (specify):

10. \*DATE SAMPLES TO ARRIVE AT DLS: 3/4/04  
Note: Prior arrangements must be made with DNL for samples that will arrive outside of routine duty hours which are M-F 0730-1700

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11. PROJECT INSTALLATION: Test      12. INSTALLATION LOCATION (STATE): MD

13. PROJECT NAME: Test